SPECIMEN SUBMISSION GUIDELINES

HIV Diagnostics and Reference Laboratory, Diagnostics and Countermeasures Branch Center for Infectious Disease Research Walter Reed Army Institute of Research 508 Research Dr., Silver Spring, MD

HIV Verification Algorithm Test Request Form

TESTS	SPECIMEN REQUIREMENT	DRAW TUBE
HIV Algorithm	4 ml plasma (Cold Pack)	PPT

SHIP FROZEN PLASMA IF SAMPLE WILL NOT BE RECEIVED AT HDRL WITHIN 72 HOURS.

PATIENT IDENTIFICATION	CONTACT INFORMATION
Patient Stamp <u>must include</u> : Full Name*, FMP*/SSN* or DoDID*, DOB*	POC* Physician Name* Clinic/Center* Center Address*
Specimen Draw Date / Time*: Ship Date: Sample Storage (circle): Frozen / Refrig / Ambient Sample Shipping (circle): Dry Ice / Cold Pack	Telephone Number Fax Number (Commercial # only; please include area/country code) Alternate POC Name Alternate POC Phone

*Required

PROCESSING LABORATORY (For internal use only)			
BARCODE	DATE RECEIVED	QUANTITY & TYPE RECEIVED/INITIALS	

TUBES DRAWN	SPECIMEN REQUIREMENT	INSTRUCTIONS
□ 4 PPT s	Aliquot PPL into NINE (9) cryovials - 2, 1.0 mL each - 2, 0.5 mL each - 1, 2mL - 2, 1.20 mL each - 1, 2 mL - 2, remaining volume	Freeze at -80°C or lower Forward one vial of plasma at 1 ml to HDRL for confirmatory
□ 2 CPTs	Collect Cell Pellets and store into SEVEN (7) cryovials 2, 5 million cells each 5, 1 million cells each	Freeze at -80°C or lower

Form # TR VA Version: June 2023